SUPERVISOR'S REPORT OF REASONABLE SUSPICION

Section 1 Employee Name:			Classification:	
Employee Name:				
=			- ·	
Date of Observation: Location:			est-designated position?	□ Yes □ No
Location:		Employee in t	est-designated position?	d res divo
Section 2 Observations:	Check <u>ALL</u> that a	nnlv·		
			CDEFOLL	
BEHAVIOR □ stumbling, unsteady ga □ drowsy, sleepy, letharg □ agitated, anxious, restle □ hostile, belligerent □ irritable, moody □ depressed, withdrawn □ unresponsive, distracted □ clumsy, uncoordinated □ tremors, shakes	ess cold, clamr eyes: bloodsho tearing, v	mplexion sweating my sweats t watery arge) pupils	SPEECH slurred, thick incoherent exaggerated enuncia loud, boisterous rapid, pressured excessively talkative nonsensical, silly upils cursing, verbal abu	ısiveness
☐ flu-like illness complain			to questions or instr	
□ suspicious, paranoid	disheveled □		to questions or insti	uctions
☐ hyperactive, fidgety	u distrievered	ciotiling	BODY ODORS	
☐ inappropriate, uninhibited behavior			□ alcohol	
possessing, dispensing, or using controlled			☐ marijuana	
substance or alcohol	3		3	
Section 3 The observations, as do	ocumented above, v	vere made of	the employee identified i	n Section 1.
Supervisor Name (printed or typed)			Signature	Date
Additional Witness: (option	nal)			
Witness Name (printed or typed)			Signature	Date
Section 4				
Test Determination: ☐ Reasonable Suspicion Alcohol Breath Test ☐ Reasonable Suspicion Drug Urine Test ☐ No Test Required ☐ Employee Refused Test		□ Empl	Conducted: ollection available oyee transported for medica (explain)	al care
<u>Section 5</u> Employee transported to o	collection site by:			
Time transported	am/r	om Collection Si	te:	